CONNECTICUT HOSPITAL ASSOCIATION

TESTIMONY OF
ELIZABETH BEAUDIN
DIRECTOR, NURSING AND WORKFORCE INITIATIVES
CONNECTICUT HOSPITAL ASSOCIATION
BEFORE THE
PUBLIC HEALTH COMMITTEE
Wednesday, March 12, 2008

HB 5902, An Act Concerning Hospital Staffing
And Patient Access To Deep Sedation And General Anesthesia

Good afternoon Representative Sayers, Senator Handley and members of the Public Health Committee. I am Liz Beaudin, Director of Nursing and Workforce Initiatives for the Connecticut Hospital Association (CHA) and I appreciate the opportunity to provide testimony on behalf of CHA and its members on **HB 5902, An Act Concerning Hospital Staffing And Patient Access To Deep Sedation And General Anesthesia.** My comments will be directed to Section 1 of the bill.

CHA supports HB 5902 in concept, but requests several changes in the language of the bill. HB 5902 would require hospitals to submit a prospective nurse staffing plan to the Department of Public Health as a condition of continued licensure, and establish a hospital staffing committee to assist in the preparation of the nurse staffing plan.

With minor language changes detailed below, CHA supports HB 5902, which requires a nurse staffing plan to: include the minimum professional skill mix for each patient care unit in the hospital; identify the hospital's employment practices concerning the use of temporary and traveling nurses; set forth the level of administrative staffing in each patient care unit of the hospital; and set forth the hospital's process for internal review of the staffing plan. CHA recognizes that these are important elements to determining appropriate staffing to meet ever-changing patient care needs. Every day hospitals make staffing decisions that take into consideration the minimum professional skill mix for each patient care unit, and the hospital's employment practices concerning the use of temporary and traveling nurses. When hospitals adjust staffing to meet patient care needs – whether due to unanticipated patient census or acuity increase, or staff absence – hospitals utilize a variety of approaches that may include enlisting the assistance of per diem staff or regularly scheduled "flex" or float pool staff, among others. The use of traveling nurses is not preferred, and generally implemented in special circumstances when other alternatives have been exhausted. Hospitals regularly review staffing plans and employ different practices to obtaining input from direct care staff.

Section 1(b) of HB 5902, which requires hospitals to provide a "written certification that the nurse staffing plan is sufficient to provide adequate and appropriate delivery of health care services to patients," is problematic. As written, hospitals will be preparing prospective staffing

110 Barnes Road • P.O. Box 90 • Wallingford, CT 06492-0090 • Phone: 203.265.7611 • Fax: 203.284.9318 • www.cthosp.org

plans. Accordingly, a hospital can only anticipate its future needs, which can change rapidly. Hospitals must have flexibility in its staffing plans to respond to changing needs. Currently, Connecticut hospitals plan for patient care through the development of core staffing plans that are based upon information drawn from a wide variety of data sources. Staffing plans are necessarily adjusted in response to patient needs, key patient care unit factors, and clinical judgment. Such information is likely to include not only historical staffing data, but also the changing nature of the patient population, evolving evidence-based care requirements, new quality indicator data, ongoing patient and staff feedback, and plans for new services. Written certification of a prospective nurse staffing plan is meaningful only at the time the plan is developed.

Another concern with HB 5902, as it is currently written, is its requirement in section 1(c) that hospitals establish a hospital staffing committee to assist in the preparation of the nurse staffing plan because the bill does not recognize that a hospital may have existing committees or governance structures that can be used. CHA member hospitals currently utilize diverse mechanisms that provide nursing staff the opportunity for input into staffing and other matters that affect their practice, including unit staff meetings, participation in daily rounds, formal shared governance programs, staffing committees and nurse satisfaction surveys. CHA requests that HB 5902 be modified to allow hospitals that currently have in place committees or governance structures that meet the requirements of HB 5902 to use those committees or governance structures to comply with the provisions of HB 5902.

HB 5902's section 1(c)(5) is also problematic in that it requires the staffing plan to identify collective bargaining agreements that the hospital is a party to and certify the hospital's compliance with such agreements. Collective bargaining agreements contain numerous provisions that are unrelated to the nurse staffing. It would require individuals responsible for developing a hospital's staffing plan to certify a hospital's compliance with collective bargaining agreements where these individuals are not qualified to assess such compliance. This requirement is administratively burdensome, unnecessary, and irrelevant to developing an appropriate staffing plan, which should be focused only on relevant clinical factors. CHA requests that this provision be deleted.

CHA respectfully requests the following amendments to HB 5902 to effectuate necessary changes so that HB 5902 is workable:

> b) On and after July 1, 2009, each hospital licensed by the department pursuant to chapter 368v of the general statutes shall, as a condition of continued licensure, submit to the department a prospective nurse staffing plan with a written certification that the nurse staffing plan, **at the time it is developed,** is sufficient to provide adequate and appropriate delivery of health care services to patients in the ensuing period of licensure. Such plan shall promote a collaborative practice in the hospital that enhances patient care and the level of services provided by nurses and other members of the hospital's patient care team.
>
> (c) Each hospital shall establish a hospital staffing committee to assist in the preparation of the nurse staffing plan required pursuant to subsection (b) of this section. Registered

nurses employed by the hospital to provide direct patient care shall account for not less than fifty per cent of the membership of each hospital's staffing committee. **A hospital may utilize an existing hospital committee or committees to assist in the preparation of the nurse staffing plan, provided not less than fifty percent of the membership of the existing committee or committees is composed of registered nurses employed by the hospital to provide direct patient care.** Each hospital, in collaboration with its staffing committee, shall develop and implement the prospective nurse staffing plan. Such plan shall: (1) Include the minimum professional skill mix for each patient care unit in the hospital, including, but not limited to, inpatient services, critical care and the emergency department; (2) identify the hospital's employment practices concerning the use of temporary and traveling nurses; (3) set forth the level of administrative staffing in each patient care unit of the hospital that ensures direct care staff are not utilized for administrative functions; (4) set forth the hospital's process for internal review of the nurse staffing plan; (5) [identify collective bargaining agreements that the hospital is a party to and certify the hospital's compliance with such agreements; and (6)] include the hospital's mechanism of obtaining input from direct care staff, including nurses and other members of the hospital's patient care team, in the development of a nurse staffing plan.

Thank you for consideration of our position.

For additional information, contact CHA Government Relations at (203) 294-7310.

Testimony of
Kenneth Stone, M.D.
before the
Public Health Committee
on
House Bill 5902
"An Act Concerning Hospital Staffing and Patient Access to Deep Sedation and General Anesthesia"

March 12, 2008

Madame. Chairmen. Members of the Committee. My name is Kenneth Stone. I am a board certified anesthesiologist engaged in a group practice that is affiliated with Bridgeport Hospital, and we also provide care at ambulatory surgical facilities in Milford and Wilton. I serve as the President of the Connecticut State Society of Anesthesiologists. I come before you today to comment on House Bill 5902, "An Act Concerning Hospital Staffing and Patient Access to Deep Sedation and General Anesthesia."

My comments are directed at Sections 2 and 3 of this Bill, which address coverage of medical procedures that require deep sedation or general anesthesia.

Whenever questions arise about coverage of medical procedures by insurance companies, it is our opinion that medical necessity is best determined by the treating physician in discussion with the patient and with other physicians who may be involved with that patient's care. The physician who actually performs a procedure is the best judge of medical necessity for the type of sedation that may be required.

When 'deep sedation' is administered, it is frequently performed by the treating physician and an assistant, such as a nurse. Depending upon the circumstances, it may also be provided by a trained anesthesia professional. In either case, the choice of technique and provider is most appropriately determined by the physician who performs the procedure. It is also important that the personnel who administer sedative medication be properly trained in doing so, and that they conform to all relevant standards of care as established by state and federal law and regulations, survey and accrediting organizations, professional societies and community standards.

When 'general anesthesia' is performed, it should be administered only by qualified anesthesia personnel in a setting that is appropriately stocked with anesthesia drugs and equipment and which meet the standards of any operating room in any facility in which general anesthesia is administered.

In all circumstances, patient safety is the guiding principle. Properly trained personnel and appropriately equipped facilities must be present whenever deep sedation or general anesthesia is administered.